

**Minutes of  
Clay County Board of Supervisors  
Meeting Held Thursday, May 9, 2019 at 9:00 a.m.**

**BE IT REMEMBERED** a regular meeting of the Clay County Board of Supervisors was held at the Clay County Courthouse, West Point, Mississippi, on Thursday, May 9, 2019.

**PRESENT:**

R.B. Davis, Supervisor District 3, Presiding  
Lynn D. Horton, Supervisor District 1  
Luke Lummus, Supervisor District 2  
Shelton Deanes, Supervisor District 4  
Joe Chandler, Supervisor District 5

Angela Turner Ford, Board Attorney  
Amy G. Berry, Clay County Chancery Clerk  
Eddie Scott, Clay County Sheriff Department

Member of News Media  
County Residents

The following proceedings were had:

**CALL TO ORDER/INVOCATION**

The meeting was called to order by Sheriff Scott. The welcome was given by Supervisor Davis with invocation given by Supervisor Lummus.

**ADOPT AGENDA**

Motion by Supervisor Deanes to adopt the agenda as prepared.  
– Second by Supervisor Horton.

(See Exhibit "A" - Agenda).

**AMEND AGENDA**

Motion by Supervisor Deanes to call for amendments of the agenda.  
– Second by Supervisor Horton.

AMENDMENTS TO AGENDA ANNOUNCED

None

AUTHORIZE REFUND

Motion by Supervisor Lummus to authorize and approve refund as presented by Paige Lamkin.

–Second by Supervisor Horton. (Exhibit “B”)

NORTH MS MEDICAL CENTER AMBULANCE SERVICE

Barry Keel of North MS Medical Center presented information regarding EMS Coverage. No action taken.

BULLET PROOF VEST

Motion by Supervisor Horton to authorize Spencer Brooks to apply for bullet proof vest funds.

– Second by Supervisor Lummus.

(Exhibit”C”)

MS OFFICE OF STATE AUDITORS COMPLIANCE REVIEW

Motion by Supervisor Deanes to authorize president to execute Engagement Letter with MS Office of State Auditors to begin Compliance review FY2018.

– Second by Supervisor Horton.

(Exhibit “D”)

YOUTH COURT GRANT

Motion by Supervisor Lummus to approve the submission of the Youth Court Grant FY 2019 for Clay County in amount of \$12,000.00.

– Second by Supervisor Deanes. (Exhibit “E”).

## AUTHORIZE AND APPROVE TRANSFER OF FUNDS

Motion by Supervisor Lummus to authorize and approve the transfer of Indirect Cost FY 2018 in the amount of \$6,195.62 from Sanitation Fund to General Fund.

– Second by Supervisor Horton.

(Exhibit “F”)

## CONSIDERATION OF ORDINANCE

Motion by Supervisor Lummus to decline passage of an Ordinance Prohibiting the use, purchase, possession, distribution, sale, or offering for sale of synthetic cannabinoids or other synthetics.

– Second by Supervisor Deanes.

## ACCEPT AND AWARD BID

Motion by Supervisor Lummus to accept and award the bid for Courtroom Sound Reinforcement Systems, Visual Display Systems, and Software Configuration.

– Second by Supervisor Deanes. (Exhibit “G”)

## CLOSED SESSION

Motion by Supervisor Horton to go into closed session to determine the need to go into Executive Session.

–Second by Supervisor Chandler.

## EXECUTIVE SESSION

Following discussion it was moved by Supervisor Horton to go into Executive Session to discuss a matter of potential litigation.

–Second by Supervisor Deanes.

## RETURN TO OPEN MEETING

Motion by Supervisor Deanes to come out of Executive Session and return to open meeting.

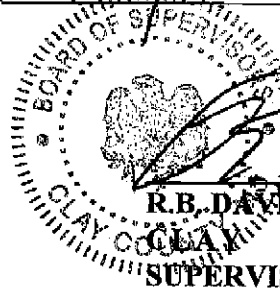

–Second by Supervisor Horton.

RECESS


Motion by Supervisor Lummus to recess until Monday, May 13, 2019, at 10:00 a.m.

-Second by Supervisor Chandler.

DATED this the 5<sup>th</sup> day of May, 2019.

  
  
R.B. DAVIS, PRESIDENT  
CLAY COUNTY BOARD OF SUPERVISORS

ATTEST:

  
AMY G. BERRY, CHANCERY CLERK  
CLERK OF THE CLAY COUNTY  
BOARD OF SUPERVISORS

# EXHIBIT A

**Clay County Board of Supervisors  
Agenda for Regular Meeting  
Thursday, May 9, 2019 at 9:00 a.m.**

- Call to Order
- Welcome and Prayer
- Adopt and Amend Agenda
- ~~• Authorize and Approve Claims Docket~~
- Paige Lamkin
  - Consider authorizing Refund
- Barry Keel
  - EMS Coverage
- Spencer Brooks
  - Request to Apply for Bullet Proof Vest Funds
- Amy Berry
  - Authorize President to execute Engagement Letter with MS Office of State Auditors to begin Compliance review FY2018
  - Approve the submission of the Youth Court Grant FY 2019 for Clay County
  - Authorize and approve the transfer of Indirect Cost FY 2018 in the amount of \$6,195.62 from Sanitation Fund to General Fund
- Consideration of the passage of an Ordinance Prohibiting the use, purchase, possession, distribution, sale, or offering for sale of synthetic cannabinoids or other synthetics
- Accept and Award the bid for Courtroom Sound Reinforcement Systems, Visual Display Systems, and Software Configuration
- Request to go into Executive Session as allowed under *Miss Code 25-41-7* to discuss potential litigation
- Recess until Thursday, May 23, 2019, at 9:00 a.m.

**Amendments:**

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# EXHIBIT B

5/06/2019

Personal Property On-Line Receipt Collections

14:03:57

Receipt#: 2018

601

WATKINS WARD & STAFFORD PLLC

Parcel#: 030116700

Account#:

Collection Date: 5/06/2019

Payment #: 2

ORIGINAL AMT

PREV. COL~D

CURRENT DUE

AMT. COL~D

Ad Valorem Tax.....:

3431.78

3431.78

Interest Fees.....:

Printer Fees.....:

Filing Fees.....:

Miscellaneous Charges...:

TOTAL AMOUNT.....:

3431.78

3431.78

.00

TAXES PAID BY: WATKINS WARD & STAFFORD PLL METHOD: CK CHECK

CK#:

Collected By: PLAMKIN

Collection Number:

570 MINIMUM DUE:

.00

Option: 4=Void Payment 5=View Payment Detail

OPT	PMT#	DATE PAID	AMOUNT PD	PAID BY	COL~D BY	VOID
	001	12/10/2018	3431.78	WATKINS WARD & STAFFORD PLL	JIM	

F5=Post Payment/Print Receipt

F6=Post Payment/No Print

F8=Reprint Receipt

F9=View Receipt Record

F12=Cancel

paid us \$3,431.78

\$1,334.22 should have paid

\$2097.56 owe

\* Grant Lancaster \*



PARCEL 030116700 Account/PIN  
 Business Name WATKINS WARD & STAFFORD PLLC  
 In Care Of \_\_\_\_\_  
 \*Mailing Addr. P O BOX 1216  
 WEST POINT MS 397730000  
 Street Number \_\_\_\_\_ Name \_\_\_\_\_ Dir \_\_\_\_\_ Suite \_\_\_\_\_

Business Location:  
 561 COMMERCE ST  
 Contact:  
 LEE STAFFORD  
 Phone: 6624945732

Appraised By JL Date Visited 3/21/2006 \*Type Code 0000  
 SQFootage SeatCapcty \*TaxDist JudDist \*RectLoc Exmt Cde Date Opened

Date Rendition	Retd	3/28/2019	Roll Yr	Appraised	2006	Next April Yr	2014	MASTER CARD
		Property Type	APR Value	ASD Value				
*BEAT...	3	Furniture/Fixtures	461350	69203				
*CITY...	1	Machinery/Equipment						
*SCHOOL.	1	Leased Equipment						
*SPECIAL	0	Inventories						
		Intangibles						
		Debts						
		Other/Miscellaneous						
		Total Values	461350	69203				

Exemption End  
 Year 0000  
 Last Update  
 3/29/2019  
 BY  
 JIM

\* F4=Prmpt F5=Updte F8=Items F9=Rendition F10=Delete F12=EXIT F13=Rect CALC  
 F14=NOTE F15=PRC F17=Val F19=Dlt Itms F20=Scan Images F21=View Images

*This is what they were billed on*

**Business Name** WATKINS WARD & STAFFORD PLLC **Business Location:**  
 In Care Of \_\_\_\_\_ 561 COMMERCE ST  
 \*Mailing Addr. P O BOX 1216 **Contact:**  
 WEST POINT MS 397730000 LEE STAFFORD  
**Street Number** \_\_\_\_\_ **Name** \_\_\_\_\_ **Dir** \_\_\_\_\_ **Suite** \_\_\_\_\_  
**Phone:** 6624945732

**Appraised By** JL **Date Visited** 3/21/2006 **\*Type Code** 0000  
**SQFootage** \_\_\_\_\_ **SeatCapcty** \_\_\_\_\_ **\*TaxDist** 3110 **JudDist** 0 **\*RectLoc** 0 **Exmt Cde** \_\_\_\_\_ **Date Opened** \_\_\_\_\_

**Date Rendition** Retd 3/28/2019 **Roll Yr Appraised** 2006 **Next April Yr** 2014

	Property Type	APR Value	ASD Value	MASTER CARD
*BEAT... 3	Furniture/Fixtures	179369	26905	
*CITY... 1	Machinery/Equipment			
*SCHOOL. 1	Leased Equipment			
*SPECIAL 0	Inventories			
	Intangibles			
	Debts			
	Other/Miscellaneous			
	<b>Total Values</b>	179369	26905	

**Exemption End**  
**Year** 0000  
**Last Update**  
 3/29/2019  
**BY**  
 JIM

\* F4=Prmpt F5=Updte F8=Items F9=Rendition F10=Delete F12=Exit F13=Rect CALC  
 F14=NOTE F15=PRC F17=Val F19=Dlt Itms F20=Scan Images F21=View Images

This is what they should have  
 been billed on

5/06/2019

PERSONAL PROPERTY APPRAISAL

10:19:30

PARCEL 030116700

BUSINESS MASTER FILE MAINTENANCE

Account # 000000000

Business Name WATKINS WARD & STAFFORD PLLC

Business Location:

In Care Of

561 COMMERCE ST

Mailing Addr. P O BOX 1216

Detailed Line Item Maintenance for Line Item # 66

Description COMP EQ 2017

Manufacturer

Original Cost

Model

Year Purchased 2017

\*Column Code F Furn. & Fixtures \*Calculation Type Calc Override

\*Method/Industry Code \*Quality A Item Cost 324116

\*Entry Number S0 Quantity 1 Total 324116

1 1 \*Depr Table B Ovracd Percent 87 Add PCT Appraised Value 281981

Apply Functional Obsolescence (Y/N) F/O Percent New Constr Year:

Year Factored Factored Age

Last Updated 8/14/2018 By MIKE \*Leased Property ID ITM

ENTER=EDIT SCREEN \* F4=Prompt F5=UPDATE FILE F10=Delete Item F12=Exit

5/06/2019

PERSONAL PROPERTY APPRAISAL

10:18:31

PARCEL 030116700

BUSINESS MASTER FILE MAINTENANCE

Account # 000000000

Business Name WATKINS WARD & STAFFORD PLLC

In Care Of

Business Location:

Mailing Addr. P O BOX 1216

561 COMMERCE ST

LINE ITEMS FOR PARCEL

Option: 2=Change SRCH:

Line #:

Opt Ln	Entry#	Description	CC	Qty	Cost	Age	True Val
56	S0	F & F 1999	F	1	20240	19	4048
57	S0	F & F 2002	F	1	71963	16	14393
58	S0	F & F 2004	F	1	1013	14	203
59	S0	F & F 2006	F	1	2038	12	408
60	S0	F & F 2009	F	1	37852	9	9084
61	S0	F & F 2010	F	1	575	8	173
62	S0	F & F 2011	F	1	6173	7	2407
63	S0	F & F 2012	F	1	685	6	336
64	S0	F & F 2013	F	1	418	5	242
65	S0	F & F 2014	F	1	1223	4	819
66	S0	COMP EQ 2017	F	1	324116	1	281981

More...

F6-Add Item

F12-Exit

INTENTIONALLY

BLANK

LEFT

PAGE

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# EXHIBIT C

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**RESOLUTION**

*Authorizing the Golden Triangle Planning and Development District to Assist the Clay County Sheriff's Department with the Preparation and Submission of an Office of Justice Programs Bulletproof Vest Partnership Grant Application*

**WHEREAS**, Clay County, Mississippi has certain pressing Economic and Community Development needs, and

**WHEREAS**, the Office of Justice Programs has available funds under the FY-2019 Funding Cycle for eligible Bulletproof Vest Partnership activities, and

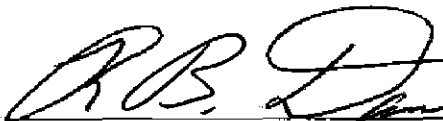
**WHEREAS**, Clay County, Mississippi is eligible to apply for said assistance, and

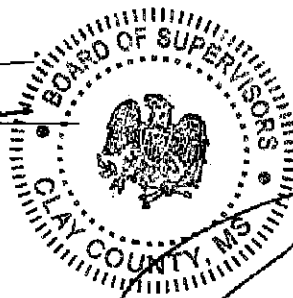
**WHEREAS**, the Golden Triangle Planning and Development District (GTPDD) has sufficient, experienced professional staff to prepare necessary application documents, and

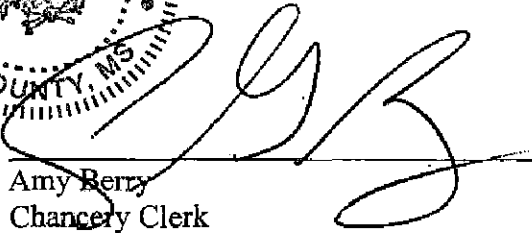
**THEREFORE, BE IT RESOLVED**, by Clay County:

- (1) That the Golden Triangle Planning and Development District is hereby authorized to assist in the preparation of a FY-2019 Office of Justice Programs Bulletproof Vest Partnership Grant application on behalf of Clay County Sheriff's Department;
- (2) That RB Davis in his official capacity as the President of the Clay County Board of Supervisors is hereby authorized to sign all necessary documents, including Grant Agreements, upon approval of said application by the Office of Justice Programs.

**SO ORDERED THIS** the 9<sup>th</sup> day of May 2019, by the Clay County Board of Supervisors in a recessed meeting.

  
RB Davis, President  
Clay County Board of Supervisors



  
Amy Berry  
Chancery Clerk

# EXHIBIT D

9

6

100





Office of the State Auditor  
Shad White, State Auditor

POST OFFICE Box 956 • JACKSON, MS 39205-0956

**DERRICK J. GARNER, CPA, CFE**  
*Director, Compliance Audit Division*

derrick.garner@osa.ms.gov  
www.osa.ms.gov

TEL: (601) 576-2800



Office of the State Auditor  
Shad White, State Auditor

POST OFFICE Box 956 • JACKSON, MS 39205-0956

**SHELLY MCKEE**  
*Financial and Compliance Audit Division*

shelly.mckee@osa.ms.gov  
www.osa.ms.gov

TEL: (601) 576-2800  
CELL: (662) 415-1557



Office of the State Auditor  
Shad White, State Auditor

POST OFFICE Box 956 • JACKSON, MS 39205-0956

**KIM FITTS**  
*Financial and Compliance Audit Division*

kim.fitts@osa.ms.gov  
www.osa.ms.gov

TEL: (601) 576-2800



**STATE OF MISSISSIPPI**  
**OFFICE OF THE STATE AUDITOR**  
**SHAD WHITE**  
**STATE AUDITOR**

Limited Internal Control and Compliance Review

May 6, 2019

R.B. Davis, President  
Clay County Board of Supervisors  
P.O. Box 815  
West Point, MS 39773

Dear Mr. Hood:

For the year ended September 30, 2018, we will examine Clay County's records and supplemental information to perform a limited internal control and compliance review. Our review will include obtaining an understanding of the entity's internal control for assessment of control risk and tests for compliance with applicable state laws. The nature, timing, or extent of the audit procedures may be modified to address any changes to the assessed controls.

Because of the test nature and other inherent limitations of a review, together with the inherent limitations of any system of internal control, there is an unavoidable risk that even some material weaknesses in internal control and/or material noncompliance with laws and regulations may remain undiscovered.

Clay County will be issued a management letter at the conclusion of the review detailing our findings of any legal compliance violations or weaknesses in internal control that may have come to our attention during the course of the review. The County's management will be allowed to respond to our comments on any findings included in our report. Management's response, along with our management letter, will be available on the Office of the State Auditor's website.

As part of our review, Clay County's management will cooperate by providing access to all records and other information required in connection with the review including access to any computer media data maintained at the agency or datasets. We understand that your employees will locate any records selected by us for testing; that adequate working space in your offices will be provided; and unrestricted access to all records and other information requested in connection with the review will be provided in a timely manner. Clay County's management will also provide us with a written confirmation at the conclusion of fieldwork concerning representations made to us in connection with the review.

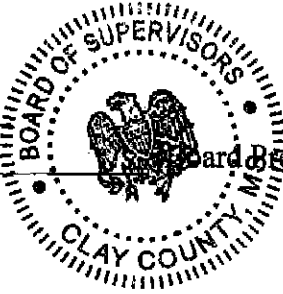
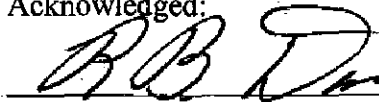
If you have any questions, please let us know. Also, please complete the response section below and return the original of this letter to us.

Sincerely,



STEPHANIE C. PALMERTREE, CPA, CGMA  
Director, Financial and Compliance Audit Division  
Office of the State Auditor

Acknowledged:



5/9/2019 (Date)

# EXHIBIT E

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**TO: Chancellors, Youth Court Judges and Referees, and Chancery Clerks**

**FROM: Mary E. Fuller, JD, Youth Court Programs Director  
Administrative Office of Courts**

**DATE: May 6, 2019**

**SUBJECT: Availability of Youth Court Support Funding for July 1, 2019-June 30, 2020**

The Administrative Office of Courts is pleased to announce that Youth Court Support Funding will be available effective July 1, 2019 through June 30, 2020. If someone else should receive this notice, please email me at [mfuller@courts.ms.gov](mailto:mfuller@courts.ms.gov). **The Budget Allocation for each county will remain the same as last year.** Please complete the attached Youth Court Support Fund Budget Allocation SFY 2020 for the county(ies) you serve.

Judges and Referees, please complete the attached Certification of MYCIDS Compliance and **please send your proposed Budget and Certification of MYCIDS Compliance by May 31, 2019 to [mfuller@courts.ms.gov](mailto:mfuller@courts.ms.gov).** Monthly Fiscal Reports for July 1, 2019-June 30, 2020 for Reimbursement to the County will not be processed until the Administrative Office of Courts receives the Certification of MYCIDS Compliance.

If you have questions, please contact me at 601-576-4627 or email me at [mfuller@courts.ms.gov](mailto:mfuller@courts.ms.gov).

Thank you for your service to the children and families in Mississippi.

mef

**Attachments**

Certification of MYCIDS Compliance  
June 4, 2015 Mississippi Supreme Court Order  
Youth Court Support Fund Budget Allocation SFY 2020  
Youth Court Support Fund Fiscal Report Form for Reimbursement Monthly

\*For Job Descriptions and Salary Ranges, see Mississippi Supreme Court website:  
[http://courts.ms.gov/trialcourts/youthcourt\\_jobdescriptions.pdf](http://courts.ms.gov/trialcourts/youthcourt_jobdescriptions.pdf)

**SUPREME COURT OF MISSISSIPPI  
 Administrative Office of Courts  
 YOUTH COURT SUPPORT FUND**

**BUDGET ALLOCATION SFY 2020**  
**Name of County: \_\_\_\_\_**

BUDGET LINE ITEMS	ANNUAL FUND ALLOCATION
SALARIES	
FRINGE BENEFITS	
TRAVEL	
COMMODITIES	
CONTRACTUAL SERVICES	
EQUIPMENT (Attach itemized list of equipment purchased over \$1,000 w/copy of receipt)	
TOTAL	

\_\_\_\_\_  
 (Authorized Signature)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 (Please Type or Print Name)

Send to: Mary Fuller, Administrative Office of Courts, P. O. Box 117, Jackson, MS 39205-0117

Phone (601) 576-4627 Fax (601) 576-4639 Email [mfuller@courts.ms.gov](mailto:mfuller@courts.ms.gov)

**For Job Descriptions and Salary Ranges go to The Mississippi Supreme Court website:**  
[http://courts.ms.gov/trialcourts/youthcourt\\_jobdescriptions.pdf](http://courts.ms.gov/trialcourts/youthcourt_jobdescriptions.pdf)

DOCUMENT # \_\_\_\_\_  
(AOC use only)

INVOICE # \_\_\_\_\_  
(AOC use only)

**SUPREME COURT OF MISSISSIPPI**  
**Administrative Office of Courts**  
**YOUTH COURT SUPPORT FUND**

**FISCAL REPORT** Expenses Incurred During the Month of: \_\_\_\_\_

Name of County: \_\_\_\_\_  
Mississippi Judicial District, County or Municipality

Budget Line Items	Annual Fund Allocation	Previous Allocation Balance	Current Month's Expenditures	Allocation Balance to Date
Salaries				
Fringe Benefits				
Travel				
Commodities				
Contractual Services				
Equipment ( <i>Attach itemized list of equipment purchased over \$1,000 w/copy of receipt</i> )				
Total				

I hereby certify this report to be true and correct to the best of my knowledge, that we have not used Mississippi Youth Court Support Funds on any disallowed expenditure, and we have maintained supporting documentation of the same.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Type or Print Name)

The Administrative Office of Courts must receive this form with an original signature by the 10th day of every month.

Send to: Kevin Lackey, Administrative Office of Courts, P.O. Box 117, Jackson, MS 39205-0117  
Phone (601) 576-4636 Fax (601) 576-4639 Email: lackeyjk@courts.ms.gov

<b>AOC USE ONLY:</b> <b>APPROVAL FOR PAYMENT</b>	By: _____	Date: _____
	Vendor# _____	
	Fund 2205500000	
	Cost Center 1051023025	
	Commitment Item 67485000	



The Mississippi Supreme Court  
450 High Street  
Jackson, MS 39205

## Certification of MYCIDS Compliance

I certify that \_\_\_\_\_ County employs an intake officer(s) in accordance with:

Miss. Code Section 43-21-115, "In every youth court division, the judge shall appoint as provided in Section 43-21-123 one or more persons to function as the intake unit for the youth court division. The youth court intake unit shall perform all duties specified by this chapter. If the person serving as the youth court intake unit is not already a salaried public employee, the salary for such person shall be fixed on order of the judge as provided in Section 43-21-123 and shall be paid by the county or municipality, as the case may be, out of any available funds budgeted for the youth court by the board of supervisors."

I also certify that \_\_\_\_\_ County meets the minimum requirements of the June 4, 2015 Mississippi Supreme Court Order (attached).



The MYCIDS implementation shall, at a minimum require:

(1) Youth Courts to prepare all court orders, petitions, summons, and notices in MYCIDS;

(2) Youth Courts to save all documents filed in a Youth Court case in MYCIDS; and

(3) Youth Courts to timely input, into MYCIDS, all intake, custody, referral, petition, and hearing data related to a youth, his or her family, and the Youth Court's involvement with the same."

If the County is not in compliance in one or more of the above, please explain and indicate when non-compliance issues will be implemented.

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Signed by: \_\_\_\_\_ (Youth Court Judge/Referee)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*Certification is required no later than 5:00 p.m. May 31, 2019. Fiscal Reports for Reimbursement will not be processed until the Certification is received by the Administrative Office of Courts.

Serial: 196665

IN THE SUPREME COURT OF MISSISSIPPI

No. 2015-AD-00001

**RE: ADMINISTRATIVE ORDERS OF THE  
SUPREME COURT OF MISSISSIPPI**

**FILED**  
JUN 04 2015  
SUPREME COURT CLERK

**ORDER**

Before this Court, en banc, are the matters of the Mississippi Youth Court Information Delivery System (MYCIDS) and the Federal Government for Court Improvement Program (CIP) grants. The Administrative Office of the Courts utilizes the CIP funds for judicial training, upgrading and improving the Court's data collection systems in juvenile cases, analysis of the data collected, and other specifically defined areas allowed by these grants. In order to further these objectives, the Youth Courts and Mississippi Department of Human Services, Division of Family and Children's Services (MDHS/DFCS), shall implement the procedures outlined below.

**IT IS THEREFORE ORDERED THAT:**

1. Youth Courts shall implement MYCIDS in order to develop a data base that accurately represents the timeliness of court hearings and court orders statewide. The MYCIDS implementation shall, at a minimum require: (1) Youth Courts to prepare all court orders, petitions, summons, and notices in MYCIDS; (2) Youth Courts to save all documents filed in a Youth Court case in MYCIDS; and (3) Youth Courts to timely input, into MYCIDS, all intake, custody, referral, petition, and hearing data related to a youth, his or her family, and the Youth Court's involvement with the same. The Administrative Office of

Courts shall periodically report to the Supreme Court of Mississippi each Youth Court's compliance with this mandate to implement MYCIDS, as well as each Youth Court's compliance with the procedural time frames required by the Mississippi Youth Court Act and the Uniform Rules of Youth Court Practice.

2. Funds provided to the Youth Courts from the Administrative Office of Courts' Youth Court Support Funds, pursuant to Mississippi Code Section 43-21-801 (Rev. 2009), shall be used to hire intake officer(s) to input case data into MYCIDS. Smaller counties, or counties with a lower number of children in care, may pool resources and hire one person to serve multiple counties to input data to MYCIDS. If the court already has an intake officer responsible for entering all cases of the Division of Youth Services, truancy matters, and the Division of Family and Children's Services into MYCIDS, the judge or referee may certify to the Administrative Office of Courts that such a person is already on staff. Thereafter, the youth court judge or referee shall have the sole individual discretion to appropriate those funds for hiring secretarial staff, or acquiring materials and equipment incidental to carrying out the business of the court.

3. MDHS/DFCS shall make mandatory that staff timely provide Youth Courts with the data collected on the Court Case Information Sheet available in MYCIDS. The Court Case Information Sheet shall be completed in MYCIDS and electronically sent to the appropriate Youth Court, through MYCIDS, within twenty-four (24) hours of the child being removed from the home or, in non-custody cases, within twenty-four (24) hours of the child being assigned to the local MDHS/DFCS social worker for investigation. While all the information may not be available to MDHS/DFCS within twenty-four (24) hours, as much as is known

must be completed on the Court Case Information Sheet, including reasonable efforts made to prevent removal or that reasonable efforts are not required and the reason such efforts are not required. MDHS/DFCS staff shall not prepare court orders.

SO ORDERED, this the 26 day of May, 2015.

  
\_\_\_\_\_  
RANDY GRANT PIERCE,  
JUSTICE

ALL JUSTICES AGREE.

CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 01, 2019 TO MAY 09, 2019

PAGE 1  
 APCDRPR

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
70523	5/01/2019	PAYROLL CLEARING ACCOUNT	120190501023	01	001-000-110	DEPUTIES	15727.35
			120190501023	02	001-000-110	DEPUTIES OVERTIME	429.86
			120190501023	03	001-000-110	FICA W/H	952.11
			120190501023	04	001-000-110	MEDICARE WITHOLDING	222.64
			120190501023	05	001-000-110	RETIREMENT W/H	2499.86
							19831.82
70524	5/01/2019	COURTYARD GULFPORT BEACHFRON	05/2019	01	001-262-476	MEALS & LODGING	695.00
			05/2019A	01	001-262-476	MEALS & LODGING	834.00
							1529.00
70525	5/01/2019	SHELTON DEANES	05/2019	01	001-100-476	MEALS AND LODGING	123.00
			05/2019	02	001-100-477	PRIVATE VEHICLE TRAV	288.00
							411.00
70526	5/01/2019	SHERMAN IVY	05/2019	01	001-262-476	MEALS & LODGING	41.00
			05/2019	02	001-262-477	PRIVATE VEHICLE TRAV	288.00
							329.00
70527	5/01/2019	LEWIS STAFFORD	05/2019	01	001-262-476	MEALS & LODGING	41.00
			05/2019	02	001-262-477	PRIVATE VEHICLE TRAV	288.00
							329.00
70528	5/01/2019	MISS CONSTABLE ASSOCIATION	04/2019A	01	001-262-585	SEMINAR/REGISTRATION	400.00
							400.00
70529	5/01/2019	MARLIN M STEWART III	05/2019	01	001-170-476	MEALS & LODGING	259.80
			05/2019	02	001-170-477	PRIVATE VEHICLE TRAV	142.08
							401.88
70530	5/01/2019	MFS/ MY TRANSPORT SERVICES	041219	01	001-167-559	TRANSPORTATION SERVI	323.88
							323.88
70531	5/01/2019	R B DAVIS	05/2019	01	001-100-476	MEALS AND LODGING	123.00
			05/2019	02	001-100-477	PRIVATE VEHICLE TRAV	288.00
							411.00
70532	5/06/2019	SHERMAN IVY	05/2019PERS	01	001-262-474	REFUND OF PERS CONTR	2586.80
							2586.80
70533	5/06/2019	LEWIS STAFFORD	05/2019PERS	01	001-262-474	REFUND OF PERS CONTR	2843.73
							2843.73
70534	5/02/2019	PAYROLL CLEARING ACCOUNT	120190430005	01	001-000-110	DEPUTIES	69.92
			120190430005	02	001-000-110	ATTENDING BRD MEET	40.00
			120190430005	03	001-000-110	FICA W/H	6.82
			120190430005	04	001-000-110	MEDICARE WITHOLDING	1.59
			120190430005	05	001-000-110	RETIREMENT W/H	6.30
			120190430012	01	001-000-110	PART-TIME HELP	466.99

CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 01, 2019 TO MAY 09, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
			120190430012	02	001-000-110	FICA W/H	28.95
			120190430012	03	001-000-110	MEDICARE WITHOLDING	6.77
			120190430025	01	001-000-110	WORK PROGRAM DEPUT	176.34
			120190430025	02	001-000-110	FICA W/H	10.93
			120190430025	03	001-000-110	MEDICARE WITHOLDING	2.56
			120190430025	04	001-000-110	RETIREMENT W/H	27.77
			120190430026	01	001-000-110	CASE MANAGER - GRA	499.70
			120190430026	02	001-000-110	WORK PROGRAM DEPUT	297.06
			120190430026	03	001-000-110	OFFICE/CLERICAL	83.34
			120190430026	04	001-000-110	FICA W/H	53.62
			120190430026	05	001-000-110	MEDICARE WITHOLDING	12.54
			120190430026	06	001-000-110	RETIREMENT W/H	138.62
			120190430046	01	097-000-110	911 DIRECTOR SALAR	104.16
			120190430046	02	097-000-110	FICA W/H	6.46
			120190430046	03	097-000-110	MEDICARE WITHOLDING	1.51
			120190430046	04	097-000-110	RETIREMENT W/H	16.41
			120190430060	01	162-000-110	ROAD LABORERS- HOU	333.76
			120190430060	02	162-000-110	FICA W/H	20.69
			120190430060	03	162-000-110	MEDICARE WITHOLDING	4.84
			120190430060	04	162-000-110	RETIREMENT W/H	52.57
							2470.22
70535	5/07/2019	SCARLET PEARL CASINO RESORT	05/2019	01	001-167-476	SUBSISTENCE MEALS &	297.00
							297.00
					** CHECK TOTAL FOR BANK: BANKFIRST GENERAL COUNTY		32164.33
					** TOTAL DISBURSEMENTS **		32164.33

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
70500	4/15/2019	MS DEPARTMENT OF REVENUE	04/2019	01	001-200-695	CAR TITLES/TAGS	80.00-
						VOID DATE: 5/31/2019	80.00-V
70716	5/13/2019	DEVON ALLDAY	05/2019	01	153-303-585	CLEARING R O W	975.00
							975.00
70717	5/15/2019	PAYROLL CLEARING ACCOUNT	120190515001	01	001-000-110	PERSONNEL MAN/SYST	1900.34
			120190515001	02	001-000-110	ASST PERSONNEL MNG	107.30
			120190515001	03	001-000-110	OFFICE CLERICAL	1145.38
			120190515001	04	001-000-110	FICA W/H	185.11
			120190515001	05	001-000-110	MEDICARE WITHOLDING	43.29
			120190515001	06	001-000-110	RETIREMENT W/H	496.61
			120190515002	01	001-000-110	DEPUTIES	1111.27
			120190515002	02	001-000-110	OFFICE CLERICAL	254.80
			120190515002	03	001-000-110	FICA W/H	83.34
			120190515002	04	001-000-110	MEDICARE WITHOLDING	19.48
			120190515002	05	001-000-110	RETIREMENT W/H	175.03
			120190515003	01	001-000-110	DEPUTIES	3154.54
			120190515003	02	001-000-110	OFFICE CLERICAL	1052.00
			120190515003	03	001-000-110	FICA W/H	256.12
			120190515003	04	001-000-110	MEDICARE WITHOLDING	59.90
			120190515003	05	001-000-110	RETIREMENT W/H	587.56
			120190515004	01	001-000-110	DEPUTIES	3466.07
			120190515004	02	001-000-110	PART-TIME HELP	400.00
			120190515004	03	001-000-110	FICA W/H	227.69
			120190515004	04	001-000-110	MEDICARE WITHOLDING	53.25
			120190515004	05	001-000-110	RETIREMENT W/H	545.91
			120190515006	01	001-000-110	PURCHASE CLERK SAL	533.33
			120190515006	02	001-000-110	ASST PURCHASE CLER	104.17
			120190515006	03	001-000-110	FICA W/H	25.65
			120190515006	04	001-000-110	MEDICARE WITHOLDING	5.99
			120190515006	05	001-000-110	RETIREMENT W/H	100.41
			120190515008	01	001-000-110	RECEIVING CLERK	499.98
			120190515008	02	001-000-110	FICA W/H	28.06
			120190515008	03	001-000-110	MEDICARE WITHOLDING	6.56
			120190515008	04	001-000-110	RETIREMENT W/H	78.75
			120190515009	01	001-000-110	MAINTENANCE SALARY	3499.07
			120190515009	02	001-000-110	PART-TIME HELP	413.12
			120190515009	03	001-000-110	MAINTENANCE OVERTI	479.76
			120190515009	04	001-000-110	FICA W/H	265.71
			120190515009	05	001-000-110	MEDICARE WITHOLDING	62.14
			120190515009	06	001-000-110	RETIREMENT W/H	626.66
			120190515010	01	001-000-110	INFORMATION TECHNO	449.78
			120190515010	02	001-000-110	FICA W/H	25.82
			120190515010	03	001-000-110	MEDICARE WITHOLDING	6.04
			120190515010	04	001-000-110	RETIREMENT W/H	70.84
			120190515014	01	001-000-110	DEPUTIES	170.66
			120190515014	02	001-000-110	FICA W/H	10.10
			120190515014	03	001-000-110	MEDICARE WITHOLDING	2.36

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE				ACCOUNT	CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT	AMOUNT
			120190515014	04	001-000-110	RETIREMENT W/H	26.88	
			120190515015	01	001-000-110	CASE MANAGER - GRA	499.70	
			120190515015	02	001-000-110	WORK PROGRAM DEPUT	238.41	
			120190515015	03	001-000-110	OFFICE/CLERICAL	333.34	
			120190515015	04	001-000-110	FICA W/H	62.86	
			120190515015	05	001-000-110	MEDICARE WITHOLDING	14.70	
			120190515015	06	001-000-110	RETIREMENT W/H	168.75	
			120190515016	01	001-000-110	CLERICAL	606.84	
			120190515016	02	001-000-110	FICA W/H	37.62	
			120190515016	03	001-000-110	MEDICARE WITHOLDING	8.80	
			120190515018	01	001-000-110	DEPUTIES	3373.45	
			120190515018	02	001-000-110	FICA W/H	195.13	
			120190515018	03	001-000-110	MEDICARE WITHOLDING	45.64	
			120190515018	04	001-000-110	RETIREMENT W/H	531.32	
			120190515023	01	001-000-110	DEPUTIES	15289.33	
			120190515023	02	001-000-110	DEPUTIES OVERTIME	1274.66	
			120190515023	03	001-000-110	FICA W/H	978.28	
			120190515023	04	001-000-110	MEDICARE WITHOLDING	228.80	
			120190515023	05	001-000-110	RETIREMENT W/H	2580.41	
			120190515023	06	001-000-110	GROUP HEALTH INSURAN	4840.10	
			120190515023	07	001-000-110	GROUP LIFE INS - EMP	60.30	
			120190515023	08	001-000-110	GAP-GULF GUARANTY	2184.10	
			120190515024	01	001-000-110	DEPUTIES	4920.12	
			120190515024	02	001-000-110	OFFICE/CLERICAL	6586.28	
			120190515024	03	001-000-110	OFFICE CLERICAL OV	281.18	
			120190515024	04	001-000-110	MECHANIC SALARY	1269.58	
			120190515024	05	001-000-110	FICA W/H	755.99	
			120190515024	06	001-000-110	MEDICARE WITHOLDING	176.82	
			120190515024	07	001-000-110	RETIREMENT W/H	2013.37	
			120190515025	01	001-000-110	MTC TRANSPORT OFFI	914.70	
			120190515025	02	001-000-110	FICA W/H	55.47	
			120190515025	03	001-000-110	MEDICARE WITHOLDING	12.97	
			120190515025	04	001-000-110	RETIREMENT W/H	144.07	
			120190515028	01	001-000-110	JAIL ADMINISTRATOR	1458.33	
			120190515028	02	001-000-110	JAIL RECORDS CLERK	1348.09	
			120190515028	03	001-000-110	JAILORS SALARIES	10556.68	
			120190515028	04	001-000-110	KITCHEN MANAGER	1330.88	
			120190515028	05	001-000-110	JAILORS OVERTIME	724.22	
			120190515028	06	001-000-110	FICA W/H	906.27	
			120190515028	07	001-000-110	MEDICARE WITHOLDING	211.96	
			120190515028	08	001-000-110	RETIREMENT W/H	2428.36	
			120190515030	01	001-000-110	DEP EMA DIRECTOR S	208.33	
			120190515030	02	001-000-110	FICA W/H	11.96	
			120190515030	03	001-000-110	MEDICARE WITHOLDING	2.80	
			120190515030	04	001-000-110	RETIREMENT W/H	32.81	
			120190515037	01	097-000-110	911 DIRECTOR SALAR	416.66	
			120190515037	02	097-000-110	DISPATCHERS	7022.58	
			120190515037	03	097-000-110	DISPATCHER O/T	594.66	
			120190515037	04	097-000-110	FICA W/H	461.36	
			120190515037	05	097-000-110	MEDICARE WITHOLDING	107.88	
			120190515037	06	097-000-110	RETIREMENT W/H	1077.26	



CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		AMOUNT	CHECK AMOUNT
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION		
			120190515045	01	151-000-110	ROAD LABORERS- HOU	2516.80	
			120190515045	02	151-000-110	FICA W/H	137.54	
			120190515045	03	151-000-110	MEDICARE WITHOLDING	32.17	
			120190515045	04	151-000-110	RETIREMENT W/H	396.40	
			120190515046	01	152-000-110	ROAD LABORERS- HOU	728.00	
			120190515046	02	152-000-110	FICA W/H	45.14	
			120190515046	03	152-000-110	MEDICARE WITHOLDING	10.56	
			120190515046	04	152-000-110	RETIREMENT W/H	114.66	
			120190515047	01	153-000-110	ROAD LABORERS- HOU	2770.16	
			120190515047	02	153-000-110	FICA W/H	169.39	
			120190515047	03	153-000-110	MEDICARE WITHOLDING	39.62	
			120190515047	04	153-000-110	RETIREMENT W/H	436.30	
			120190515048	01	154-000-110	ROAD LABORERS- HOU	3466.40	
			120190515048	02	154-000-110	FICA W/H	193.76	
			120190515048	03	154-000-110	MEDICARE WITHOLDING	45.32	
			120190515048	04	154-000-110	RETIREMENT W/H	470.35	
			120190515049	01	155-000-110	ROAD LABORERES - H	3521.12	
			120190515049	02	155-000-110	FICA W/H	216.50	
			120190515049	03	155-000-110	MEDICARE WITHOLDING	50.64	
			120190515049	04	155-000-110	RETIREMENT W/H	478.97	
			120190515057	01	400-000-110	SANITATION SALARY	4420.40	
			120190515057	02	400-000-110	FICA W/H	256.39	
			120190515057	03	400-000-110	MEDICARE WITHOLDING	59.95	
			120190515057	04	400-000-110	RETIREMENT W/H	696.21	123673.76
70718	5/20/2019	CLAY COUNTY MS CANE CRBEK	05/2019A	01	154-304-560	APPRAISER FEES	50000.00	
			05/2019	01	164-304-560	APPRAISER FEES	80000.00	130000.00
70719	5/20/2019	MS DEVELOPMENT AUTHORITY	05/2019HEN	01	138-800-800	PRIN RETIREMENT-CAP	2275.43	
			05/2019HEN	02	138-800-802	INTEREST EXPENSE	1025.50	3300.93
70720	5/20/2019	MARRIOTT COURTYARD GULFPORT	05/2019	01	001-154-476	MEALS & LODGING	315.84	315.84
70721	5/23/2019	ATMOS ENERGY	05/2019OC	01	001-151-513	OFFICE COMPLEX BUILD	160.55	
			05/2019SHER	01	001-151-514	SHERIFF'S DEPT UTILI	593.14	
			05/2019GEN	01	001-151-514	SHERIFF'S DEPT UTILI	34.93	
			05/2019DHS	01	001-151-515	DHS BUILDING UTILITIT	57.50	
			05/2019D2	01	152-302-510	UTILITIES	25.90	872.02
70722	5/23/2019	AT&T	05/2019HP	01	001-152-504	INTERNET SERVICE	42.23	42.23
70723	5/23/2019	BELLSOUTH / ATT	05/2019SHERA	01	001-200-504	NCIC LINES	31.51	31.51
70724	5/23/2019	DEBORAH MYERS	05/2019	01	001-163-477	PRIVATE VEHICLE TRAV	72.00	

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
							72.00
70725	5/23/2019	MS STATE MEDICAL EXAMINER	90078808	01	001-167-557	AUTOPSIES	300.00
			90078808	02	001-167-557	AUTOPSIES	2000.00
			90079921	01	001-167-557	AUTOPSIES	1000.00
							3300.00
70726	5/23/2019	MS DEVELOPMENT AUTHORITY	05/2019GRAH	01	138-800-800	PRIN RETIREMENT-CAP	4353.05
			05/2019GRAH	02	138-800-802	INTEREST EXPENSE	1192.93
							5545.98
70727	5/23/2019	CITY WATER & LIGHT DEPT.	05/2019ELLIS	01	001-151-512	ELLIS CLINIC UTILITI	444.32
			05/2019EXT	01	001-151-513	OFFICE COMPLEX BUILD	208.15
			05/2019FOR	01	001-151-513	OFFICE COMPLEX BUILD	211.52
			05/2019SHER	01	001-151-514	SHERIFF'S DEPT UTILI	825.25
							1689.24
70728	5/29/2019	PAYROLL CLEARING ACCOUNT	120190529023	01	001-000-110	DEPUTIES	14044.47
			120190529023	02	001-000-110	DEPUTIES OVERTIME	1162.85
			120190529023	03	001-000-110	FICA W/H	942.86
			120190529023	04	001-000-110	MEDICARE WITHOLDING	220.50
			120190529023	05	001-000-110	RETIREMENT W/H	2345.22
							18715.90
70729	5/30/2019	PAYROLL CLEARING ACCOUNT	05/2019	01	001-262-470	RET W/HELD & MATCHED	484.16
							484.16
70730	5/30/2019	SHERMAN IVY	05/2019A	01	001-262-461	CONSTABLE FEES	2215.92
							2215.92
70731	5/30/2019	LEWIS STAFFORD	05/2019A	01	001-262-461	CONSTABLE FEES	1199.92
							1199.92
70732	5/31/2019	PAYROLL CLEARING ACCOUNT	120190531001	01	001-000-110	SUPERVISORS SALARI	16833.35
			120190531001	02	001-000-110	PERSONNEL MAN/SYST	1900.34
			120190531001	03	001-000-110	ATTORNEYS	3366.67
			120190531001	04	001-000-110	ASST PERSONNEL MNG	107.30
			120190531001	05	001-000-110	OFFICE CLERICAL	1200.29
			120190531001	06	001-000-110	FICA W/H	1397.13
			120190531001	07	001-000-110	MEDICARE WITHOLDING	326.75
			120190531001	08	001-000-110	RETIREMENT W/H	3686.76
			120190531001	09	001-000-110	GROUP HEALTH INSURAN	3872.08
			120190531001	10	001-000-110	GROUP LIFE INS - EMP	19.16
			120190531001	11	001-000-110	GROUP LIFE INS - OFF	38.55
			120190531001	12	001-000-110	GAP-GULF GUARANTY	1747.28
			120190531002	01	001-000-110	DEPUTIES	1553.86
			120190531002	02	001-000-110	OFFICE CLERICAL	232.24
			120190531002	03	001-000-110	COMPTROLLER	3664.55
			120190531002	04	001-000-110	ATTENDING BRD MEET	120.00
			120190531002	05	001-000-110	COUNTY AUDITOR	441.67
			120190531002	06	001-000-110	COUNTY TREASURER	208.33

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY  
 CHECK

CHECK		INVOICE			ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
			120190531002	07	001-000-110	PUBLIC SVC NOT PRO	416.67
			120190531002	08	001-000-110	FICA W/H	410.15
			120190531002	09	001-000-110	MEDICARE WITHOLDING	95.91
			120190531002	10	001-000-110	RETIREMENT W/H	1008.80
			120190531002	11	001-000-110	GROUP HEALTH INSURAN	935.57
			120190531002	12	001-000-110	GROUP LIFE INS - EMP	11.66
			120190531002	13	001-000-110	GAP-GULF GUARANTY	268.01
			120190531003	01	001-000-110	DEPUTIES	2154.54
			120190531003	02	001-000-110	OFFICE CLERICAL	1034.00
			120190531003	03	001-000-110	PUBLIC SVCS NOT PR	416.66
			120190531003	04	001-000-110	COUNTY REGISTRAR	1341.67
			120190531003	05	001-000-110	STATE FAILURES	33.33
			120190531003	06	001-000-110	ELECTION FEES	208.34
			120190531003	07	001-000-110	FICA W/H	317.15
			120190531003	08	001-000-110	MEDICARE WITHOLDING	74.19
			120190531003	09	001-000-110	RETIREMENT W/H	763.77
			120190531003	10	001-000-110	GROUP HEALTH INSURAN	968.02
			120190531003	11	001-000-110	GROUP LIFE INS - EMP	12.06
			120190531003	12	001-000-110	GROUP LIFE INS - OFF	7.71
			120190531003	13	001-000-110	GAP-GULF GUARANTY	218.41
			120190531004	01	001-000-110	TAX ASSESSOR SALAR	4916.67
			120190531004	02	001-000-110	DEPUTIES	3466.07
			120190531004	03	001-000-110	PART-TIME HELP	400.00
			120190531004	04	001-000-110	FICA W/H	526.99
			120190531004	05	001-000-110	MEDICARE WITHOLDING	123.25
			120190531004	06	001-000-110	RETIREMENT W/H	1320.29
			120190531004	07	001-000-110	GROUP HEALTH INSURAN	1936.04
			120190531004	08	001-000-110	GROUP LIFE INS - EMP	18.09
			120190531004	09	001-000-110	GROUP LIFE INS - OFF	7.71
			120190531004	10	001-000-110	GAP-GULF GUARANTY	873.64
			120190531006	01	001-000-110	PURCHASE CLERK SAL	533.33
			120190531006	02	001-000-110	ASST PURCHASE CLER	104.17
			120190531006	03	001-000-110	FICA W/H	25.66
			120190531006	04	001-000-110	MEDICARE WITHOLDING	6.00
			120190531006	05	001-000-110	RETIREMENT W/H	100.41
			120190531006	06	001-000-110	GROUP HEALTH INSURAN	516.46
			120190531006	07	001-000-110	GROUP LIFE INS - EMP	6.43
			120190531006	08	001-000-110	GAP-GULF GUARANTY	233.05
			120190531007	01	001-000-110	INVENTORY CLERK	2032.47
			120190531007	02	001-000-110	FICA W/H	126.01
			120190531007	03	001-000-110	MEDICARE WITHOLDING	29.47
			120190531007	04	001-000-110	RETIREMENT W/H	320.11
			120190531008	01	001-000-110	RECEIVING CLERK	499.98
			120190531008	02	001-000-110	FICA W/H	28.06
			120190531008	03	001-000-110	MEDICARE WITHOLDING	6.56
			120190531008	04	001-000-110	RETIREMENT W/H	78.75
			120190531008	05	001-000-110	GROUP LIFE INS - EMP	4.96
			120190531009	01	001-000-110	MAINTENANCE SALARY	4203.31
			120190531009	02	001-000-110	PART-TIME HELP	451.05
			120190531009	03	001-000-110	MAINTENANCE OVERTI	419.00
			120190531009	04	001-000-110	FICA W/H	307.96

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY  
 CHECK

CHECK			INVOICE			ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT	AMOUNT
			120190531009	05	001-000-110	MEDICARE WITHOLDING	72.03	
			120190531009	06	001-000-110	RETIREMENT W/H	728.01	
			120190531009	07	001-000-110	GROUP HEALTH INSURAN	726.02	
			120190531009	08	001-000-110	GROUP LIFE INS - EMP	15.08	
			120190531009	09	001-000-110	GAP-GULF GUARANTY	327.62	
			120190531010	01	001-000-110	INFORMATION TECHNO	449.78	
			120190531010	02	001-000-110	FICA W/H	25.82	
			120190531010	03	001-000-110	MEDICARE WITHOLDING	6.04	
			120190531010	04	001-000-110	RETIREMENT W/H	70.84	
			120190531011	01	001-000-110	OFFICE/CLERICAL	667.20	
			120190531011	02	001-000-110	FICA W/H	41.37	
			120190531011	03	001-000-110	MEDICARE WITHOLDING	9.67	
			120190531013	01	001-000-110	BAILIFF	770.00	
			120190531013	02	001-000-110	ATTENDING COURT	1800.00	
			120190531013	03	001-000-110	FICA W/H	159.24	
			120190531013	04	001-000-110	MEDICARE WITHOLDING	37.24	
			120190531013	05	001-000-110	RETIREMENT W/H	335.47	
			120190531014	01	001-000-110	DEPUTIES	150.68	
			120190531014	02	001-000-110	BAILIFF	2915.00	
			120190531014	03	001-000-110	ATTENDING COURT	2037.00	
			120190531014	04	001-000-110	FICA W/H	311.31	
			120190531014	05	001-000-110	MEDICARE WITHOLDING	72.81	
			120190531014	06	001-000-110	RETIREMENT W/H	625.90	
			120190531015	01	001-000-110	CASE MANAGER - GRA	499.70	
			120190531015	02	001-000-110	WORK PROGRAM DEPUT	143.07	
			120190531015	03	001-000-110	OFFICE/CLERICAL	333.34	
			120190531015	04	001-000-110	JUDGE/REFEREE	793.29	
			120190531015	05	001-000-110	FILING FEES	2100.00	
			120190531015	06	001-000-110	FICA W/H	236.34	
			120190531015	07	001-000-110	MEDICARE WITHOLDING	55.27	
			120190531015	08	001-000-110	RETIREMENT W/H	609.42	
			120190531015	09	001-000-110	GROUP HEALTH INSURAN	355.70	
			120190531015	10	001-000-110	GAP-GULF GUARANTY	314.68	
			120190531016	01	001-000-110	COURT ADMINISTRATO	4041.66	
			120190531016	02	001-000-110	CLERICAL	606.84	
			120190531016	03	001-000-110	FICA W/H	269.85	
			120190531016	04	001-000-110	MEDICARE WITHOLDING	63.11	
			120190531016	05	001-000-110	RETIREMENT W/H	636.56	
			120190531016	06	001-000-110	GROUP HEALTH INSURAN	484.01	
			120190531016	07	001-000-110	GROUP LIFE INS - EMP	6.03	
			120190531016	08	001-000-110	GAP-GULF GUARANTY	218.41	
			120190531017	01	001-000-110	PROSECUTING ATTORN	600.00	
			120190531017	02	001-000-110	LUNACY JUDGE	286.15	
			120190531017	03	001-000-110	FICA W/H	33.49	
			120190531017	04	001-000-110	MEDICARE WITHOLDING	7.83	
			120190531017	05	001-000-110	RETIREMENT W/H	139.57	
			120190531017	06	001-000-110	GROUP HEALTH INSURAN	612.32	
			120190531017	07	001-000-110	GAP-GULF GUARANTY	276.31	
			120190531018	01	001-000-110	DEPUTIES	3373.45	
			120190531018	02	001-000-110	BAILIFF	825.00	
			120190531018	03	001-000-110	COUNTY JUDGES	6733.34	

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
120190531018			04	001-000-110	FICA W/H		616.61
120190531018			05	001-000-110	MEDICARE WITHOLDING		144.20
120190531018			06	001-000-110	RETIREMENT W/H		1713.10
120190531018			07	001-000-110	GROUP HEALTH INSURAN		2420.05
120190531018			08	001-000-110	GROUP LIFE INS - EMP		18.09
120190531018			09	001-000-110	GROUP LIFE INS - OFF		15.42
120190531018			10	001-000-110	GAP-GULF GUARANTY		1092.05
120190531019			01	001-000-110	CORONER'S FEE		900.00
120190531019			02	001-000-110	MEDICAL EXAMINERS		375.00
120190531019			03	001-000-110	FICA W/H		79.05
120190531019			04	001-000-110	MEDICARE WITHOLDING		18.49
120190531019			05	001-000-110	RETIREMENT W/H		200.81
120190531019			06	001-000-110	GROUP HEALTH INSURAN		484.01
120190531019			07	001-000-110	GROUP LIFE INS - OFF		7.71
120190531019			08	001-000-110	GAP-GULF GUARANTY		218.41
120190531020			01	001-000-110	ATTORNEYS		3366.67
120190531020			02	001-000-110	FICA W/H		208.73
120190531020			03	001-000-110	MEDICARE WITHOLDING		48.82
120190531020			04	001-000-110	RETIREMENT W/H		530.25
120190531020			05	001-000-110	GROUP HEALTH INSURAN		484.01
120190531020			06	001-000-110	GROUP LIFE INS - EMP		6.03
120190531020			07	001-000-110	GAP-GULF GUARANTY		218.41
120190531021			01	001-000-110	ATTORNEYS		6180.00
120190531021			02	001-000-110	FICA W/H		368.57
120190531021			03	001-000-110	MEDICARE WITHOLDING		86.20
120190531021			04	001-000-110	RETIREMENT W/H		973.36
120190531021			05	001-000-110	GROUP HEALTH INSURAN		484.01
120190531021			06	001-000-110	GROUP LIFE INS - EMP		6.03
120190531021			07	001-000-110	GAP-GULF GUARANTY		218.41
120190531022			01	001-000-110	ELECTION COMMISION		4100.00
120190531022			02	001-000-110	FICA W/H		253.70
120190531022			03	001-000-110	MEDICARE WITHOLDING		59.33
120190531022			04	001-000-110	RETIREMENT W/H		94.50
120190531023			01	001-000-110	SHERIFF SALARY		7500.00
120190531023			02	001-000-110	DEPUTIES		4920.12
120190531023			03	001-000-110	OFFICE/CLERICAL		8811.48
120190531023			04	001-000-110	OFFICE CLERICAL OV		148.03
120190531023			05	001-000-110	MECHANIC SALARY		1582.10
120190531023			06	001-000-110	FICA W/H		1346.90
120190531023			07	001-000-110	MEDICARE WITHOLDING		315.02
120190531023			08	001-000-110	RETIREMENT W/H		3573.51
120190531023			09	001-000-110	GROUP HEALTH INSURAN		5566.11
120190531023			10	001-000-110	GROUP LIFE INS - EMP		63.31
120190531023			11	001-000-110	GROUP LIFE INS - OFF		7.71
120190531023			12	001-000-110	GAP-GULF GUARANTY		2511.71
120190531024			01	001-000-110	MTC TRANSPORT OFFI		1177.75
120190531024			02	001-000-110	FICA W/H		71.78
120190531024			03	001-000-110	MEDICARE WITHOLDING		16.79
120190531024			04	001-000-110	RETIREMENT W/H		185.50
120190531024			05	001-000-110	GROUP HEALTH INSURAN		484.01
120190531024			06	001-000-110	GROUP LIFE INS - EMP		6.03

CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		AMOUNT	CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION		AMOUNT
			120190531024	07	001-000-110	GAP-GULF GUARANTY	218.41	
			120190531027	01	001-000-110	JAIL ADMINISTRATOR	1458.33	
			120190531027	02	001-000-110	JAIL RECORDS CLERK	1662.27	
			120190531027	03	001-000-110	JAILORS SALARIES	12387.26	
			120190531027	04	001-000-110	KITCHEN MANAGER	1786.52	
			120190531027	05	001-000-110	JAILORS OVERTIME	628.65	
			120190531027	06	001-000-110	FICA W/H	1061.57	
			120190531027	07	001-000-110	MEDICARE WITHOLDING	248.25	
			120190531027	08	001-000-110	RETIREMENT W/H	2822.90	
			120190531027	09	001-000-110	GROUP HEALTH INSURAN	6776.14	
			120190531027	10	001-000-110	GROUP LIFE INS - EMP	84.42	
			120190531027	11	001-000-110	GAP-GULF GUARANTY	3057.74	
			120190531029	01	001-000-110	DEP EMA DIRECTOR S	208.33	
			120190531029	02	001-000-110	FICA W/H	11.96	
			120190531029	03	001-000-110	MEDICARE WITHOLDING	2.80	
			120190531029	04	001-000-110	RETIREMENT W/H	32.81	
			120190531036	01	097-000-110	911 DIRECTOR SALAR	416.66	
			120190531036	02	097-000-110	DISPATCHERS	9035.51	
			120190531036	03	097-000-110	DISPATCHER O/T	498.40	
			120190531036	04	097-000-110	FICA W/H	580.21	
			120190531036	05	097-000-110	MEDICARE WITHOLDING	135.69	
			120190531036	06	097-000-110	RETIREMENT W/H	1306.74	
			120190531036	07	097-000-110	GROUP HEALTH INSURAN	2420.05	
			120190531036	08	097-000-110	GROUP LIFE INS - EMP	30.15	
			120190531036	09	097-000-110	GAP-GULF GUARANTY	1092.05	
			120190531037	01	104-000-110	LAW LIBRARY- ADMIN	133.55	
			120190531037	02	104-000-110	FICA W/H	8.17	
			120190531037	03	104-000-110	MEDICARE WITHOLDING	1.91	
			120190531037	04	104-000-110	RETIREMENT W/H	21.03	
			120190531042	01	114-000-110	COORDINATOR/VOL.FI	367.74	
			120190531042	02	114-000-110	FICA W/H	22.80	
			120190531042	03	114-000-110	MEDICARE WITHOLDING	5.33	
			120190531042	04	114-000-110	RETIREMENT W/H	57.92	
			120190531049	01	161-000-110	ROAD LABORERS-HOUR	4485.84	
			120190531049	02	161-000-110	FICA W/H	245.49	
			120190531049	03	161-000-110	MEDICARE WITHOLDING	57.41	
			120190531049	04	161-000-110	RETIREMENT W/H	706.53	
			120190531049	05	161-000-110	GROUP HEALTH INSURAN	1452.03	
			120190531049	06	161-000-110	GROUP LIFE INS - EMP	18.09	
			120190531049	07	161-000-110	GAP-GULF GUARANTY	655.23	
			120190531050	01	162-000-110	ROAD LABORERS- HOU	1915.50	
			120190531050	02	162-000-110	FICA W/H	118.46	
			120190531050	03	162-000-110	MEDICARE WITHOLDING	27.70	
			120190531050	04	162-000-110	RETIREMENT W/H	301.69	
			120190531050	05	162-000-110	GROUP HEALTH INSURAN	484.01	
			120190531050	06	162-000-110	GROUP LIFE INS - EMP	6.03	
			120190531050	07	162-000-110	GAP-GULF GUARANTY	218.41	
			120190531051	01	163-000-110	ROAD LABORERS- HOU	4071.52	
			120190531051	02	163-000-110	FICA W/H	250.08	
			120190531051	03	163-000-110	MEDICARE WITHOLDING	58.48	
			120190531051	04	163-000-110	RETIREMENT W/H	490.06	

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CLAY COUNTY  
 CASH DISBURSEMENTS REPORT  
 FOR THE PERIOD MAY 11, 2019 TO MAY 31, 2019

BANK: BF BANKFIRST GENERAL COUNTY

CHECK			INVOICE		ACCOUNT		CHECK
NUMBER	DATE	VENDOR NAME	NUMBER	LINE #	NUMBER	DESCRIPTION	AMOUNT
			120190531051	05	163-000-110	GROUP HEALTH INSURAN	484.01
			120190531051	06	163-000-110	GROUP LIFE INS - EMP	6.03
			120190531051	07	163-000-110	GAP-GULF GUARANTY	218.41
			120190531052	01	164-000-110	ROAD LABORERS- HOU	3524.05
			120190531052	02	164-000-110	FICA W/H	211.46
			120190531052	03	164-000-110	MEDICARE WITHOLDING	49.46
			120190531052	04	164-000-110	RETIREMENT W/H	436.12
			120190531052	05	164-000-110	GROUP HEALTH INSURAN	968.02
			120190531052	06	164-000-110	GROUP LIFE INS - EMP	12.06
			120190531052	07	164-000-110	GAP-GULF GUARANTY	436.82
			120190531053	01	165-000-110	ROAD LABORERS- HOU	4498.56
			120190531053	02	165-000-110	FICA W/H	277.10
			120190531053	03	165-000-110	MEDICARE WITHOLDING	64.82
			120190531053	04	165-000-110	RETIREMENT W/H	534.97
			120190531053	05	165-000-110	GROUP HEALTH INSURAN	484.01
			120190531053	06	165-000-110	GROUP LIFE INS - EMP	6.03
			120190531053	07	165-000-110	GAP-GULF GUARANTY	218.41
			120190531056	01	400-000-110	SANITATION SALARY	5910.27
			120190531056	02	400-000-110	FICA W/H	348.76
			120190531056	03	400-000-110	MEDICARE WITHOLDING	81.56
			120190531056	04	400-000-110	RETIREMENT W/H	930.86
			120190531056	05	400-000-110	GROUP HEALTH INSURAN	1936.04
			120190531056	06	400-000-110	GROUP LIFE INS - EMP	24.12
			120190531056	07	400-000-110	GAP-GULF GUARANTY	873.64
							263002.06
						** CHECK TOTAL FOR BANK: BANKFIRST GENERAL COUNTY	555356.47
						** TOTAL DISBURSEMENTS **	555356.47

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# EXHIBIT F



**Clay County, MS**  
**Schedule of Indirect Cost**  
**September 30, 2018**

<b>Governemental Allowable Costs:</b>	<b>Amount</b>	<b>G/L Account</b>	<b>Indirect Credit *</b>
<b>Supervisor (1)</b>	40,084.90	001-100-400	1,551.80
<b>Comptroller</b>	42,311.42	001-101-407	1,637.99
<b>County Auditor</b>	5,099.58	001-101-448	197.42
<b>County Treasurer</b>	2,405.41	001-101-449	93.12
<b>Purchasing:</b>			
Clerk	14,799.68	001-122-401	572.94
State Retirement	2,247.16	001-122-465	86.99
Social Security Matching	752.73	001-122-466	29.14
Group Insurance Matching	9,142.33	001-122-468	353.92
Unemployment Insurance	0.00	001-122-469	0.00
<b>Inventory Control Clerk:</b>			
Clerk	23,467.18	001-123-401	908.48
State Retirement Matching	3,696.03	001-123-465	143.08
Social Security Matching	1,733.08	001-123-466	67.09
Group Insurance Matching	63.65	001-123-468	2.46
Unemployment Insurance	0.00	001-123-469	0.00
<b>Receiving Clerk:</b>			
Clerk	11,548.59	001-124-401	447.08
State Retirement Matching	1,818.98	001-124-465	70.42
Social Security Matching	813.27	001-124-466	31.48
Group Insurance Matching	56.81	001-124-468	2.20
Unemployment Insurance	0.00	001-124-469	0.00
<b>Total Governmental Allowable</b>	<u>160,040.80</u>		<u>6,195.62</u>
<b>Governmental Operating Costs:</b>			
General Fund	6,638,918.48		
Special Revenue Funds	3,096,884.58		
Capital Project Funds	85,882.90		
Enterprise Funds	<u>395,537.07</u>		
<b>Total Governmental Operating Cost</b>	<u>10,217,223.03</u>		
Percentage to be Applied	3.8713%		
Amount of Indirect Cost to be Applied to Enterprise Fund	<u>6,195.62</u>		

\* This credit is to be applied against each G/L account listed

**Clay County, Ms**  
**Indirect Cost Journal Entries**

**Purpose:** To record the administrative indirect cost incurred for operating the Sanitation Dept as of 9/30/2018

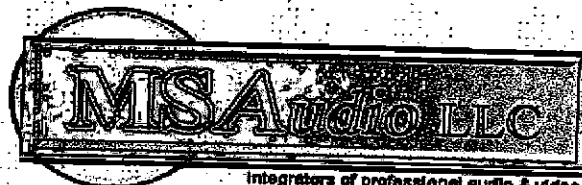
<b>G/L</b>	<b>Description</b>	<b>Debit</b>	<b>Credit</b>
400-900-951	Transfer To Gov't Funds	6,195.62	
400-000-002	Sanitation Cash		6,195.62
001-000-002	General County Cash	6,195.62	
001-000-386	Indirect Cost Reimbursement		6,195.62
001-000-386	Indirect Cost Reimbursement	6,195.62	
001-100-400	Supervisor (1)		1,551.80
001-101-407	Comptroller		1,637.99
001-101-448	County Auditor		197.42
001-101-449	County Treasurer		93.12
001-122-401	Clerk		572.94
001-122-465	State Retirement		86.99
001-122-466	Social Security Matching		29.14
001-122-468	Group Insurance Matching		353.92
001-122-469	Unemployment Insurance		0.00
001-123-401	Clerk		908.48
001-123-465	State Retirement Matching		143.08
001-123-466	Social Security Matching		67.09
001-123-468	Group Insurance Matching		2.46
001-123-469	Unemployment Insurance		0.00
001-124-401	Clerk		447.08
001-124-465	State Retirement Matching		70.42
001-124-466	Social Security Matching		31.48
001-124-468	Group Insurance Matching		2.20
001-124-469	Unemployment Insurance		0.00
	<b>Total</b>	<u>18,586.86</u>	<u>18,586.85</u>

# EXHIBIT G

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Integrators of professional audio & video

1259 B Springridge Road  
Clinton, MS 39056

601 923 9947 ph  
601 924 2880 fx

P.O. Box 1575  
Clinton, MS 39060

2017135  
Clay County Justice Complex  
Audio-Video Systems for Courtrooms  
Clay County, Mississippi

Section 00400

CR # 14779 SC



MSAUDIO-01

SSHOWS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/03/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wellington Associates, Inc. 7 River Bend Pl Flowood, MS 39232	CONTACT NAME: Sandy Shows	
	PHONE (A/C, No, Ext): (601) 420-0174	FAX (A/C, No):
	E-MAIL ADDRESS: sandy@wellingtonassociates.com	
INSURED MS Audio, LLC Connie P O Box 1675 Clinton, MS 39060-1575	INSURER(S) AFFORDING COVERAGE	
	INSURER A: State Auto Mutual	NAIC # 25135
	INSURER B: Builders Mutual Ins Co	10844
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES:** \_\_\_\_\_ **CERTIFICATE NUMBER:** \_\_\_\_\_ **REVISION NUMBER:** \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PBP2637527	10/11/2018	10/11/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP2363357	10/11/2018	10/11/2019	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PBP2637527	10/11/2018	10/11/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A			WCP 1021868 05	10/11/2018	10/11/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater			PBP2637527	10/11/2018	10/11/2019	Job Site Limit 225,000
A	Equipment Floater			PBP2637527	10/11/2018	10/11/2019	Leased/Rented 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addition/ Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>[Signature]</i>

**SECTION 00400**  
**PROPOSAL FORM**

Certificate of Responsibility Number: 14779 SC

May 3, 2019

Proposal of: MS Audio, LLC

**Project:** Clay County Justice Complex  
Audio-Video Systems for  
Courtrooms  
West Point, Mississippi  
2017135

**Owner:** Clay County Board of  
Supervisors

The receipt of the following Addenda to the Contract Documents is hereby acknowledged:

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Pages: \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Pages: \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Pages: \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Pages: \_\_\_\_\_

Having carefully examined the Contract Documents entitled Clay County Justice Complex Audio-Video Systems for Courtrooms, prepared by PryorMorrow PC, and dated April 9, 2019, as well as the premises and conditions affecting the work, the undersigned proposes to furnish all labor, materials, and services required by the Contract Documents for the work described as follows:

**BASE BID:**

One Hundred thirty three thousand and <sup>80</sup>100 DOLLARS (\$ 133,000.00 )

CERTIFICATE OF RESPONSIBILITY: All bids submitted by a prime or subcontractor for public works or public projects where said bid is in excess of fifty thousand dollars (\$50,000) to perform contracts enumerated in Section 31-3-21, Mississippi Code of 1972, shall contain on the outside or exterior of the envelope or container of such bid the contractor's current certificate number. No bid shall be opened or considered unless such contractor's current certificate number appears on the outside or exterior of said envelope or container or unless there appears a statement on the outside or exterior of such envelope or container to the effect that the bid enclosed therewith does not exceed fifty thousand dollars (\$50,000).

The Contractor represents that it has (1) examined all available records and data furnished by the Owner and the Architect and has from such examination informed itself fully concerning all surface conditions in connection with the work and the services to be performed hereunder, (2) determined that the site of the work is satisfactory in all respects for the work, and (3) read the Contract Documents and is fully cognizant of and is familiar with all of the terms and conditions thereof.

Respectfully Submitted:  
Signed: 

**NOTICE TO BIDDERS**

**Regarding: Clay County Justice Complex  
Courtrooms Sound Reinforcements Systems, Visual Display Systems and  
Software Configuration**

Whereas, the Clay County Board of Supervisors having met in regular session on the 15<sup>th</sup> day of April 2019 did find as follows:

Whereas, a motion was made and duly seconded authorizing the clerk to advertise for bids for fixtures, equipment and software configuration for three (3) courtrooms of the Clay County Justice Complex. It appears to the Board that bids will be accepted Friday, May 3, 2019 on or before 9:00a.m. (Central Standard Time) in the Chancery Clerks Office located in the Clay County Courthouse at 365 Court Street, West Point, Mississippi 39773 to be opened, evaluate by the Architect and present to the Board of Supervisors for approval on Monday, May 6, 2019.

All bids must be filed with the Clerk of the Board of Supervisors of Clay County at 365 Court Street, West Point, Mississippi 39773 or may be mailed to: P.O. Box 815, West Point, Mississippi 39773 on or before 9:00a.m. (Central Standard Time), May 3, 2019. Mailed bids shall be clearly marked: **Clay County Justice Complex Courtrooms Sound Reinforcement system, Visual Display Systems and Software Configuration.**

No bid bond is required. No performance/payment bond is required.

**CERTIFICATE OF RESPONSIBILITY:** All bids submitted by a prime or subcontractor for public works or public projects where said bid is in excess of fifty thousand dollars (\$50,000) to perform contracts enumerated in Section 31-3-21, Mississippi Code of 1972, shall contain on the outside or exterior of the envelope or container of such bid the contractor's current certificate number. No bid shall be opened or considered unless such contractor's current certificate number appears on the outside or exterior of said envelope or container or unless there appears a statement on the outside or exterior of such envelope or container to the effect that the bid enclosed therewith does not exceed fifty thousand dollars (\$50,000).

The Clay County Board of Supervisors reserves the right to reject any and all bids and to waive any and all formalities with the acceptance and rejection of the bids.

After motion by \_\_\_\_\_ and second by \_\_\_\_\_ this board doth vote unanimously in favor of the motion.

So ordered this 15<sup>th</sup> day of April 2019.

\_\_\_\_\_/s/ R. B. Davis\_\_\_\_\_  
President

**ATTEST:**  
\_\_\_\_\_/s/ Amy G. Berry\_\_\_\_\_  
Chancery Clerk

**Publication:**  
4/16/2019  
4/23/2019

2017135  
Clay County Justice Complex  
Audio-Video Systems for Courtrooms  
Clay County, Mississippi

Print Name: Robert Hales Jr. aka Trooper

Title: Member / Owner

Address: P.O. Box 1575 Clinton, MS 39060

\*If the bidder is a corporation, write State of Incorporated under signature. If the bidder is a partnership, show the names of all partners.

Note: The bidder's Certificate of Responsibility number is required on the outside of the envelope that contains the proposal of the bidder.

**END OF SECTION**



**Clay County Court House  
Audio-Video-Systems for Courtrooms**

**MS Audio, LLC  
P.O. Box 1575  
Clinton, MS 39060  
601-923-9947**

MFG/Vendor	Description	Quantity
<b>Justice Court Room</b>		
Shure Incorporated	MX412D	6
Crestron Electronics, Inc.	DMPS3-4k-350c-Airmedia Presentation System	1
Crestron Electronics, Inc.	AMP-2210T Power Amp	1
Crestron Electronics, Inc.	FT2-202-MECH-ACUSB-B-KIT	5
Crestron Electronics, Inc.	DM-TX-201-C DM Transmitter	5
Crestron Electronics, Inc.	DM RMC 4KZ 100 c DM Receiver	3
Crestron Electronics, Inc.	DM-DA4-4K-C Dist Amp	1
Crestron Electronics, Inc.	DM-RMC Scaler-C	5
Crestron Electronics, Inc.	CEN SW POE 16	1
Crestron Electronics, Inc.	TSW-760-B-S	2
Crestron Electronics, Inc.	TSW-760-TTK-B-S	1
Full Compass Systems, LTD	Denon DN-700R Digital Recorder	1
	22" Monitor	4
	AD-C6T Ceiling Speaker	8
Almo Professional AV	NEC E705-AVT2 70" Display	1
Almo Professional AV	Wall Mount	1
	Equipment Rack Allowance	1
	Cable and custom plates Allowance	1
<b>Circuit Courtroom 1</b>		
Shure Incorporated	MX412D	6
Crestron Electronics, Inc.	DMPS3-4k-350c-Airmedia Presentation System	1
Crestron Electronics, Inc.	AMP-2210T Power Amp	1
Crestron Electronics, Inc.	FT2-202-MECH-ACUSB-B-KIT	5
Crestron Electronics, Inc.	DM-TX-201-C DM Transmitter	5
Crestron Electronics, Inc.	DM RMC 4KZ 100 c DM Receiver	3
Crestron Electronics, Inc.	DM-DA4-4K-C Dist Amp	1
Crestron Electronics, Inc.	DM-RMC Scaler-C	5
Crestron Electronics, Inc.	CEN SW POE 16	1
Crestron Electronics, Inc.	TSW-760-B-S	2
Crestron Electronics, Inc.	TSW-760-TTK-B-S	1
Full Compass Systems, LTD	Denon DN-700R Digital Recorder	1
	22" Monitor	4
	AD-C6T Ceiling Speaker	6
Almo Professional AV	NEC E705-AVT2 70" Display	1
Almo Professional AV	Ceiling Mount	1
	Equipment Rack Allowance	1

MFG/Vendor	Description	Quantity
	Cable and custom plates Allowance	1
<b>Circuit Courtroom 2</b>		
Shure Incorporated	MX412D	6
Crestron Electronics, Inc.	DMPS3-4k-350c-Airmedia Presentation System	1
Crestron Electronics, Inc.	AMP-2210T Power Amp	1
Crestron Electronics, Inc.	FT2-202-MECH-ACUSB-B-KIT	5
Crestron Electronics, Inc.	DM-TX-201-C DM Transmitter	5
Crestron Electronics, Inc.	DM RMC 4KZ 100 c DM Receiver	3
Crestron Electronics, Inc.	DM-DA4-4K-C Dist Amp	1
Crestron Electronics, Inc.	DM-RMC Scaler-C	5
Crestron Electronics, Inc.	TSW-760-B-S	2
Crestron Electronics, Inc.	TSW-760-TTK-B-S	1
Full Compass Systems, LTD	Denon DN-700R Digital Recorder	1
	22" Monitor	4
	AD-C6T Ceiling Speaker	12
Almo Professional AV	NEC E705-AVT2 70" Display	1
Almo Professional AV	Wall Mount	1
	Equipment Rack Allowance	1
	Cable and custom plates Allowance	1
B & H Distributing	Elmo PX-10 Document Camera	2
Legrand AV Inc.	Da-Lite PIXMate portable cart	2
	Installation Labor	1
	Programming & Rack assbly	1